

Fill in this information to identify your case:

United States Bankruptcy Court for the:
EASTERN DISTRICT OF MICHIGAN

Case number (if known): _____ Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Dennis First Name Middle Name Henderson Last Name Jr. Suffix (Sr., Jr., II, III)	 First Name Middle Name Last Name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	 First Name Middle Name Last Name	 First Name Middle Name Last Name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 0 8 5 8 OR 9xx - xx -	xxx - xx - OR 9xx - xx -

Debtor 1 **Dennis Henderson, Jr.**

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

Business name

EIN

EIN

5. Where you live

10645 Peerless

Number Street

Detroit

City

MI

State

48224

ZIP Code

Wayne

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

About Debtor 2 (Spouse Only in a Joint Case):

☐ I have not used any business names or EINs.

Business name

Business name

Business name

EIN

EIN

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

8. How you will pay the fee

- ☐ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☒ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
- ☐ Yes.

District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes.

Debtor _____	Relationship to you _____
District _____	When _____ Case number, _____
	MM / DD / YYYY if known
Debtor _____	Relationship to you _____
District _____	When _____ Case number, _____
	MM / DD / YYYY if known

11. Do you rent your residence?

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."☐ No. Go to line 16b.☒ Yes. Go to line 17.**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.☐ No. Go to line 16c.☐ Yes. Go to line 17.**16c.** State the type of debts you owe that are not consumer or business debts.**17. Are you filing under Chapter 7?****Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**☐ No. I am not filing under Chapter 7. Go to line 18.☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?☒ No☐ Yes**18. How many creditors do you estimate that you owe?**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**19. How much do you estimate your assets to be worth?**☒ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☐ \$500,001-\$1 million☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion**20. How much do you estimate your liabilities to be?**☐ \$0-\$50,000☒ \$50,001-\$100,000☐ \$100,001-\$500,000☐ \$500,001-\$1 million☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion

Debtor 1 **Dennis Henderson, Jr.**

Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Dennis Henderson, Jr.

Dennis Henderson, Jr., Debtor 1

Executed on **05/15/2019**

MM / DD / YYYY

X

Signature of Debtor 2

Executed on _____

MM / DD / YYYY

Debtor 1 **Dennis Henderson, Jr.**

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Stephen D. Parker

Signature of Attorney for Debtor

Date **05/15/2019**

MM / DD / YYYY

Stephen D. Parker

Printed name

Parker Law Firm, PLLC

Firm Name

35 West Huron

Number Street

Suite 302

Pontiac

City

MI

State

48342

ZIP Code

Contact phone **(248) 977-3037**

Email address **stephen.parker.esq@gmail.com**

209038

Bar number

PA

State

Fill in this information to identify your case and this filing:		
Debtor 1	Dennis	Henderson, Jr.
	First Name	Middle Name
		Last Name
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MICHIGAN</u>		
Case number		
(if known)		

Official Form 106A/B

12/15

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

- \$0.00

Part 2: Describe Your Vehicles

\$0.00

Part 3: Describe Your Personal and Household Items

\$200.00

Debtor 1 **Dennis Henderson, Jr.**

Case number (if known) _____

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☒ No
☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe..... **Debtor's Clothing**

\$800.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No
☒ Yes. Describe..... **1 Wedding Band**

\$200.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

- ☒ No
☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

- ☒ No
☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....

\$1,200.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No
☒ Yes..... Cash: **\$10.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes..... Institution name:17.1. Other financial account: **Green Dot Other financial account****\$0.83****18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about

them..... Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about

them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each

account separately. Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes..... Institution name or individual:**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description:**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific information about them

Debtor 1 Dennis Henderson, Jr. Case number (if known) _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific
information about them _____

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information
about them, including whether
you already filed the returns
and the tax years.....

Federal: _____

State: _____

Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance
company of each policy
and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No
☐ Yes. Give specific information _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim..... _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim..... _____

Debtor 1 Dennis Henderson, Jr.

Case number (if known) _____

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

\$10.83

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☐ No. Go to Part 6.
☒ Yes. Go to line 38.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe..

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe..

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe..

41. Inventory

- ☒ No
☐ Yes. Describe..

42. Interests in partnerships or joint ventures

- ☐ No
☒ Yes. Describe..... Name of entity: _____ % of ownership: _____

Skyden Catering (DBA) pre-revenue

\$1.00

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe.....

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →

\$1.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes....

48. Crops--either growing or harvested

- ☒ No
☐ Yes. Give specific
information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes....

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes....

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific
information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Debtor 1 Dennis Henderson, Jr. Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....	→	<u>\$0.00</u>
56. Part 2: Total vehicles, line 5	<u>\$0.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$1,200.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$10.83</u>	
59. Part 5: Total business-related property, line 45	<u>\$1.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	<u>+\$0.00</u>	
62. Total personal property. Add lines 56 through 61.....	<div><u>\$1,211.83</u></div>	Copy personal property total → <u>+\$1,211.83</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62.....		<div><u>\$1,211.83</u></div>

Fill in this information to identify your case:

Debtor 1 **Dennis Henderson, Jr.**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: Debtor's Furniture	<u>\$200.00</u>	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : <u>6</u>			
Brief description: Debtor's Clothing	<u>\$800.00</u>	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : <u>11</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Dennis Henderson, Jr.**

Case number (if known) _____

Part 2: Additional Page**Brief description of the property and line on
Schedule A/B that lists this property****Current value of
the portion you
own****Amount of the
exemption you claim****Specific laws that allow exemption**Copy the value from
Schedule A/BCheck only one box for
each exemptionBrief description:
1 Wedding BandLine from Schedule A/B: 12\$200.00☒
☐\$200.00100% of fair market
value, up to any
applicable statutory
limit**11 U.S.C. § 522(d)(4)**Brief description:
Debtor's Carrying CashLine from Schedule A/B: 16\$10.00☒
☐\$10.00100% of fair market
value, up to any
applicable statutory
limit**11 U.S.C. § 522(d)(5)**Brief description:
Green Dot Other financial accountLine from Schedule A/B: 17.1\$0.83☒
☐\$0.83100% of fair market
value, up to any
applicable statutory
limit**11 U.S.C. § 522(d)(5)**Brief description:
Skyden Catering (DBA) pre-revenueLine from Schedule A/B: 42\$1.00☒
☐\$1.00100% of fair market
value, up to any
applicable statutory
limit**11 U.S.C. § 522(d)(5)**

Fill in this information to identify your case:

Debtor 1 **Dennis Henderson, Jr.**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.1

Describe the property that secures the claim:

Creditor's name

Number Street

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Date debt was incurred _____ Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$0.00

Fill in this information to identify your case:

Debtor 1 **Dennis Henderson, Jr.**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** claims and Part 2 for creditors with **NONPRIORITY** claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$13,804.00	\$13,804.00	\$0.00
State Of Michigan Office Child Support			
Priority Creditor's Name	Last 4 digits of account number <u>3 8 4 9</u>		
Office of Child Support	When was the debt incurred? <u>11/2017</u>		
Number Street	As of the date you file, the claim is: Check all that apply.		
235 S Grand Ave POB 30037	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Lansing MI 48909	Type of PRIORITY unsecured claim:		
City State ZIP Code	<input type="checkbox"/> Domestic support obligations		
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input type="checkbox"/> Other. Specify		
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor 1 Dennis Henderson, Jr.

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim\$18,852.00

4.1

AAMS/Automated Accounts Management Ser

Nonpriority Creditor's Name

4800 Mills Civic ParkwayNumber Street
Suite 202**West Des Moines IA 50265**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 1 0 7**When was the debt incurred?** 06/2016**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collection Attorney

4.2

Allied Collection Services

Nonpriority Creditor's Name

Attn: BankruptcyNumber Street
PO Box 1799**Holland MI 49422**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 0 7**When was the debt incurred?** 01/2015**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -: BRONSON METHODIST HOSPITAL PHY\$637.00

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.3****\$274.00****Allstate Credit Bureau**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

19315 W 10 Mile Rd**Southfield****MI 48075**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.4**\$300.00****Bank Of America**

Nonpriority Creditor's Name

NC4-105-01-34

Number Street

Greensboro**NC 27410-8110**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.5**\$336.00****Cadillac Accounts Receivable Management**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 358**Cadillac****MI 49601**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 8 X 1When was the debt incurred? 02/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -CREDIT UNION ONE-CKLast 4 digits of account number 0 8 5 8

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

OverdraftLast 4 digits of account number 5 9 3 7When was the debt incurred? 05/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -PHYSICIAN HEALTHCARE NETWORK

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6

\$300.00**Comerica Bank**

Nonpriority Creditor's Name

Attn: Banks Garnishments & Levies

Number Street

500 Woodward Ave., 1 Detroit Center**Mail Code 7549****Detroit****MI****48275**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 8 5 8**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Overdraft

4.7

\$1,110.00**Congress Collection**

Nonpriority Creditor's Name

Attn: Bankruptcy Dept

Number Street

28552 Orchard Lake Rd, Suite 200**Farmington Hills****MI****48334**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 4 3 1**When was the debt incurred?** 04/2015**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - HOFFMAN RASANSKY OMG

4.8

\$575.00**Congress Collection**

Nonpriority Creditor's Name

Attn: Bankruptcy Dept

Number Street

28552 Orchard Lake Rd, Suite 200**Farmington Hills****MI****48334**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 9 9 9**When was the debt incurred?** 09/2014**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
CoIKAM MICHAEL M.D.

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.9\$320.00**Congress Collection**

Nonpriority Creditor's Name

Attn: Bankruptcy Dept

Number Street

28552 Orchard Lake Rd, Suite 200**Farmington Hills****MI****48334**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.10\$12,000.00**Credit Acceptance Corporation**

Nonpriority Creditor's Name

Attn: Payroll

Number Street

20700 Civic Center Dr.**Southfield****MI****48072**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.11\$554.00**Credit Business Services, Inc.**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 4127**Fort Walton Beach****FL****32549**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 6 5 3When was the debt incurred? 06/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - MACOMB GASTROENTEROLOGY P.C.Last 4 digits of account number 0 8 5 8

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Civil JudgementLast 4 digits of account number 2 2 8 0When was the debt incurred? 10/18/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -DEGARA PLLC

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.12\$372.00**Credit Business Services, Inc.**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number _____ Street _____

PO Box 4127**Fort Walton Beach FL 32549**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 1 8 9When was the debt incurred? 10/18/2018**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -DEGARA PLLC4.13\$200.00**Credit Business Services, Inc.**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number _____ Street _____

PO Box 4127**Fort Walton Beach FL 32549**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 4 6 2When was the debt incurred? 10/18/2018**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -DEGARA PLLC4.14\$3,000.00**Estate of Edith and Ben Torian**

Nonpriority Creditor's Name

2558 Townsend

Number _____ Street _____

Detroit MI 48214

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Backed Rent

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$3,762.00****4.15****IMC Credit Services, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber _____ Street _____
PO Box 20636**Indianapolis****IN****46220**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.16**J.J. Marshall & Associates**

Nonpriority Creditor's Name

Attn: BankruptcyNumber _____ Street _____
28820 Mound Rd**Warren****MI****48092**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.17**J.P. Morgan Chase**

Nonpriority Creditor's Name

Attn: Cardmember ServicesNumber _____ Street _____
P.O. Box 94014**Palatine****IL****60094-4014**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 6 1 3When was the debt incurred? 07/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -COMMUNITY HEALTH NETWORKLast 4 digits of account number 0 9 2 6When was the debt incurred? 06/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -GASTROINTESTINAL SPECIALISTSLast 4 digits of account number 0 8 5 8

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Overdraft**\$300.00**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,767.00

4.18

LVNV Funding/Resurgent Capital

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 10497**Greenville****SC****29603**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.19

Merchants & Medical Credit Corp

Nonpriority Creditor's Name

ATTN: Bankruptcy

Number Street

6324 Taylor Drive**Flint****MI****48507**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.20

Mid-Michigan Collection Bureau

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 130**Saint Johns****MI****49204**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 2 4When was the debt incurred? 12/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -DTE ENERGY COMPANYLast 4 digits of account number 0 3 4 0When was the debt incurred? 05/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -SHISHIR SENAPATI MD PCLast 4 digits of account number 7 6 5 5When was the debt incurred? 08/08/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -PHYSICIAN ANESTHESIA SERVICE

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$1,219.00**

4.21

Mid-Michigan Collection Bureau

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 130**Saint Johns****MI 49204**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 5 5 3When was the debt incurred? 11/23/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -UNIVERSITY PHYSICIAN GROUP

4.22

Receivables Management Partners, LLC

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 21626**Waco****TX 76702**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 4 9 3When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARE**\$647.00**

4.23

Receivables Management Partners, LLC

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 21626**Waco****TX 76702**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 4 9 2When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARE**\$647.00**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.24\$576.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber Street
PO Box 21626**Waco TX 76702**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.25\$576.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber Street
PO Box 21626**Waco TX 76702**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.26\$434.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber Street
PO Box 21626**Waco TX 76702**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 7 7 0When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARELast 4 digits of account number 0 7 6 9When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARELast 4 digits of account number 2 4 9 1When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARE

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.27\$386.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber _____ Street _____
PO Box 21626**Waco TX 76702**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.28\$386.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber _____ Street _____
PO Box 21626**Waco TX 76702**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.29\$251.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber _____ Street _____
PO Box 21626**Waco TX 76702**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 7 9 5When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARELast 4 digits of account number 1 4 6 7When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARELast 4 digits of account number 5 3 3 8When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARE

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.30\$251.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber _____ Street _____
PO Box 21626**Waco****TX****76702**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.31\$150.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber _____ Street _____
PO Box 21626**Waco****TX****76702**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.32\$150.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber _____ Street _____
PO Box 21626**Waco****TX****76702**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 3 5 8When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARELast 4 digits of account number 9 8 3 0When was the debt incurred? 02/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARELast 4 digits of account number 9 9 5 6When was the debt incurred? 09/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -BEAUMONT ROYAL OAK HOSP

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.33\$150.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber Street
PO Box 21626**Waco TX 76702**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.34\$147.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber Street
PO Box 21626**Waco TX 76702**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.35\$147.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber Street
PO Box 21626**Waco TX 76702**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 6 2 1When was the debt incurred? 02/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -BEAUMONT ROYAL OAK HOSPLast 4 digits of account number 5 3 4 8When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARELast 4 digits of account number 5 3 5 0When was the debt incurred? 12/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PROF EMRGY CARE

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.36\$145.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber _____ Street _____
PO Box 21626**Waco****TX****76702**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.37\$80.00**Receivables Management Partners, LLC**

Nonpriority Creditor's Name

Attn: BankruptcyNumber _____ Street _____
PO Box 21626**Waco****TX****76702**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.38\$781.00**Rmp Services**

Nonpriority Creditor's Name

240 Emery Street

Number _____ Street _____

Bethlehem**PA****18015**

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 8 2 4When was the debt incurred? 02/2019**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -BEAUMONT TROY HOSPLast 4 digits of account number 5 3 4 9When was the debt incurred? 12/2018**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -BEAUMONT TROY HOSPLast 4 digits of account number 9 9 6 0When was the debt incurred? 01/2014**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -INDEPENDENT EMERGENCY PHYSICIA

Debtor 1 Dennis Henderson, Jr.

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.39

\$441.00

Rmp Services

Nonpriority Creditor's Name

240 Emery Street

Number Street

Bethlehem

PA

18015

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 6 3 4 4

When was the debt incurred? 08/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - EMERGENCY DEPARTMENT PHYSICIAN

4.40

\$1,095.00

Senex Services Corp

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

333 Founders Rd 2nd Floor

Indianapolis

IN

46268

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 5 2

When was the debt incurred? 09/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for -CRITTENTON HOSPITAL MEDICAL CE

Debtor 1 **Dennis Henderson, Jr.**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

ChexSysystems

Name

Att: Consumer Relations

Number Street

7805 Hudson Rd. Suite 100

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Woodbury

MN

55125

City

State

ZIP Code

ChexSysystems

Name

Att: Consumer Relations

Number Street

7805 Hudson Rd. Suite 100

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Woodbury

MN

55125

City

State

ZIP Code

ChexSysystems

Name

Att: Consumer Relations

Number Street

7805 Hudson Rd. Suite 100

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Woodbury

MN

55125

City

State

ZIP Code

Macomb County Friend of the Court

Name

10 North Main Street

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Mt. Clemens

MI

48043

City

State

ZIP Code

Debtor 1 Dennis Henderson, Jr.

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$13,804.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$13,804.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$56,940.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$56,940.00</u>

Fill in this information to identify your case:

Debtor 1	Dennis		Henderson, Jr.
	First Name	Middle Name	Last Name
<hr/>			
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
<hr/>			
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MICHIGAN</u>			
<hr/>			
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease**State what the contract or lease is for****2.1 Matthew Heath**

Name

10639 Peerless

Number Street

Residential Lease**Contract to be ASSUMED****Detroit**

City

MI

State

48224

ZIP Code

Fill in this information to identify your case:		
Debtor 1	Dennis	Henderson, Jr.
	First Name	Middle Name
		Last Name
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MICHIGAN</u>		
Case number		
(if known)		

Official Form 106H

12/15

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- page 1

Fill in this information to identify your case:

Debtor 1	Dennis	Henderson, Jr.
	First Name	Last Name
Debtor 2 (Spouse, if filing)		
	First Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN	
Case number (if known)		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

Occupation**Senior Mortgage Collector****Employer's name****Flagstar Bank****Employer's address****5151 Corporate Drive**

Number Street

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Business Banking Rep**Flagstar Bank****5151 Corporate Dr**

Number Street

Troy **MI** **48098**
City State Zip Code**Troy** **MI** **48098**
City State Zip CodeHow long employed there? **6 Months****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$2,784.17	\$2,488.44
3. Estimate and list monthly overtime pay.	3. + \$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$2,784.17	\$2,488.44

Debtor 1 **Dennis Henderson, Jr.**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$2,784.17	\$2,488.44
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$259.76	\$187.31
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$0.00
5f. Domestic support obligations	5f. \$412.90	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: See continuation sheet	5h. + \$105.62	\$40.28
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$778.28	\$227.59
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$2,005.89	\$2,260.85
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. + \$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$2,005.89	\$2,260.85
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.		\$4,266.74
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		Combined monthly income

Debtor 1 Dennis Henderson, Jr.

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
5h. Other Payroll Deductions (details)		
<u>Voluntary Life Insurance / Vision</u>	<u>\$22.58</u>	<u>\$17.27</u>
<u>Voluntary Hospital / Dental Plan</u>	<u>\$76.07</u>	<u>\$23.01</u>
<u>Spouse Life Insurance</u>	<u>\$1.91</u>	<u> </u>
<u>Child Life Insurance</u>	<u>\$1.49</u>	<u> </u>
<u>Optional Life</u>	<u>\$3.57</u>	<u> </u>
Totals:	<u>\$105.62</u>	<u>\$40.28</u>

Fill in this information to identify your case:

Debtor 1 **Dennis** **Henderson, Jr.**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**

Case number
(if known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?☐ No☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Son</u>	<u>12</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>11</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.4. \$600.00**If not included in line 4:**

4a. Real estate taxes	4a. _____
4b. Property, homeowner's, or renter's insurance	4b. _____
4c. Home maintenance, repair, and upkeep expenses	4c. _____
4d. Homeowner's association or condominium dues	4d. _____

Debtor 1 Dennis Henderson, Jr.

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas (See continuation sheet(s) for details)	6a.	<u>\$280.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$120.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services (See continuation sheet(s) for details)	6c.	<u>\$300.00</u>
6d. Other. Specify: _____	6d.	_____
7. Food and housekeeping supplies	7.	<u>\$800.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning (See continuation sheet(s) for details)	9.	<u>\$100.00</u>
10. Personal care products and services (Hair cuts for son and Debtor)	10.	<u>\$60.00</u>
11. Medical and dental expenses (See continuation sheet(s) for details)	11.	<u>\$100.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. (See continuation sheet(s) for details)	12.	<u>\$490.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$100.00</u>
14. Charitable contributions and religious donations	14.	<u>\$200.00</u>
15. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$250.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 Association Fees	17a.	<u>\$385.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 Dennis Henderson, Jr.

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: See continuation sheet 21. + \$400.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. <u>\$4,185.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <u>\$4,185.00</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <u>\$4,266.74</u>
23b. Copy your monthly expenses from line 22c above.	23b. - <u>\$4,185.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <u>\$81.74</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

None.

Debtor 1 Dennis Henderson, Jr.

Case number (if known) _____

6a. Electricity, heat, natural gas (details):

Electricity	\$150.00
Natural Gas	\$130.00

Total:	<u>\$280.00</u>
--------	-----------------

6c. Telephone, cell phone, Internet, satellite, and cable services (details):

Phone, Internet, Cable and Cell phone	\$300.00
---------------------------------------	----------

Total:	<u>\$300.00</u>
--------	-----------------

9. Clothing, laundry, and dry cleaning (details):

Laundry Soap, Drier Sheets, Fabric Softner	\$50.00
Change of Season Clothing for Family	\$50.00

Total:	<u>\$100.00</u>
--------	-----------------

11. Medical and dental (details):

Dr. Copays for family	\$60.00
Precsriptions for Family	\$40.00

Total:	<u>\$100.00</u>
--------	-----------------

12. Transportation (details):

Fuel	\$400.00
Tire Rotations, Oil Changes	\$90.00

Total:	<u>\$490.00</u>
--------	-----------------

21. Other. Specify:

Wife's Religious Offerings	\$200.00
Wife & daughter's hair care and beauty supplies	\$200.00

Total:	<u>\$400.00</u>
--------	-----------------

Fill in this information to identify your case:

Debtor 1	Dennis		Henderson, Jr.
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MICHIGAN</u>			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B..... **\$0.00**

1b. Copy line 62, Total personal property, from Schedule A/B..... **\$1,211.83**

1c. Copy line 63, Total of all property on Schedule A/B..... \$1,211.83

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

- 2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... **\$0.00**

- 3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... **\$13,804.00**

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... + **\$56,940.00**

Your total liabilities

\$70,744.00

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I **\$4,266.74**

- 5. Schedule J: Your Expenses** (Official Form 106J)

Schedule J: Your Expenses (Official Form 1005)

Copy your monthly expenses from line 22c of Schedule J..... **\$4,185.00**

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.**\$4,656.67****9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$13,804.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	\$13,804.00

Fill in this information to identify your case:

Debtor 1	Dennis		Henderson, Jr.
	First Name	Middle Name	Last Name
<hr/>			
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
<hr/>			
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MICHIGAN</u>			
<hr/>			
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules**12/15**

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Dennis Henderson, Jr.

Dennis Henderson, Jr., Debtor 1

Date 05/15/2019
MM / DD / YYYY

X _____

Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Dennis		Henderson, Jr.
	First Name	Middle Name	Last Name
<hr/>			
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
<hr/>			
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MICHIGAN</u>			
<hr/>			
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$8,395.11</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u> </u>
For the last calendar year: (January 1 to December 31, <u>2018</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$18,000.00 (est.)</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u> </u>
For the calendar year before that: (January 1 to December 31, <u>2017</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$20,000.00 (est.)</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u> </u>

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No

- ☐ Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No

- ☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.
- ☒ No
☐ Yes. Fill in the details.
10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.
- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.
11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**
- ☒ No
☐ Yes. Fill in the details.
12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**
- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**
- ☒ No
☐ Yes. Fill in the details for each gift.
14. **Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**
- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. **Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**
- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Dennis Henderson, Jr.**

Case number (if known) _____

Part 7: List Certain Payments or Transfers

- 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Summit Financial Education, Inc. Person Who Was Paid	Certificate		
Attn: Customer Service Number Street		04/09/2019	\$15.00
4800 E. Flower St.			
Tuscon AZ 85712 City State ZIP Code			
www.summitfe.org Email or website address			

Person Who Made the Payment, if Not You

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Parker Law Firm, PLLC Person Who Was Paid	Pre File Certificate		
35 West Huron Number Street		05/15/2019	\$1.00
Suite 302			
Pontiac MI 48342 City State ZIP Code			
stephen.parker.esq@gmail.com Email or website address			

Person Who Made the Payment, if Not You

- 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

- 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

- 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

- 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

- 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- ☒ No
☐ Yes. Fill in the details.

- 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

- 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No
☐ Yes. Fill in the details below.

Debtor 1 Dennis Henderson, Jr. Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Dennis Henderson, Jr.

Dennis Henderson, Jr., Debtor 1

Date 05/15/2019

X _____

Signature of Debtor 2

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Dennis		Henderson, Jr.
	First Name	Middle Name	Last Name
<hr/>			
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
<hr/>			
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN			
<hr/>			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108**Statement of Intention for Individuals Filing Under Chapter 7****12/15**

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

None.

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name: **Matthew Heath**
Description of leased property: **Residential Lease**

☐ No
☒ Yes

Debtor 1 Dennis Henderson, Jr. Case number (if known) _____

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Dennis Henderson, Jr.
Dennis Henderson, Jr., Debtor 1

X _____
Signature of Debtor 2

Date 05/15/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN / DETROIT DIVISION**

In re: **Dennis Henderson, Jr.**

Case No. _____

Chapter **7**

Hon. _____

**STATEMENT OF ATTORNEY FOR DEBTOR(S)
PURSUANT TO F.R.BANKR.P. 2016(b)**

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

1. The undersigned is the attorney for the Debtor(s) in this case.
2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]

<input checked="" type="checkbox"/> FLAT FEE	
A. For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid	<u>\$1.00</u>
B. Prior to filing this statement, received	<u>\$1.00</u>
C. The unpaid balance due and payable is	<u>\$0.00</u>

<input type="checkbox"/> RETAINER	
A. Amount of retainer received	_____
B. The undersigned shall bill against the retainer at an hourly rate of _____. [Or attach firm hourly rate schedule.]	
Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.	
3. \$0.00 of the filing fee has been paid.
4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
E. Reaffirmations; _____
F. Redemptions; _____
G. Other: _____
5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
Representation of the Debtor in Adversary Proceedings.
Representation of the Debtor at the 341 Meeting of Creditors.
Reaffirmations.
Redemptions.
6. The source of payments to the undersigned was from:

<input checked="" type="checkbox"/> A. Debtor(s)' earnings, wages, compensation for services performed
<input type="checkbox"/> B. Other (describe, including the identity of payor)
7. The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:

Dated: 5/15/2019

Agreed: /s/ Dennis Henderson, Jr.
Dennis Henderson, Jr.

/s/ Stephen D. Parker

Stephen D. Parker
Parker Law Firm, PLLC
35 West Huron
Suite 302

Pontiac, MI 48342
Phone: (248) 977-3037 / Fax: (248) 456-0780
stephen.parker.esq@gmail.com

Bar No. **209038**

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
DETROIT DIVISION**

IN RE: **Dennis Henderson, Jr.**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 5/15/2019

Signature /s/ Dennis Henderson, Jr.
Dennis Henderson, Jr.

Date _____

Signature _____

/s/ Stephen D. Parker
Stephen D. Parker
209038
Parker Law Firm, PLLC
35 West Huron
Suite 302
Pontiac, MI 48342
(248) 977-3037

AAMS/Automated Accounts Management Servi
4800 Mills Civic Parkway
Suite 202
West Des Moines, IA 50265

Allied Collection Services
Attn: Bankruptcy
PO Box 1799
Holland, MI 49422

Allstate Credit Bureau
Attn: Bankruptcy
19315 W 10 Mile Rd
Southfield, MI 48075

Bank Of America
NC4-105-01-34
Greensboro, NC 27410-8110

Cadillac Accounts Receivable Management
Attn: Bankruptcy
PO Box 358
Cadillac, MI 49601

ChexSystems
Att: Consumer Relations
7805 Hudson Rd. Suite 100
Woodbury, MN 55125

Comerica Bank
Attn: Banks Garnishments & Levies
500 Woodward Ave., 1 Detroit Center
Mail Code 7549
Detroit, MI 48275

Congress Collection
Attn: Bankruptcy Dept
28552 Orchard Lake Rd, Suite 200
Farmington Hills, MI 48334

Credit Acceptance Corporation
Attn: Payroll
20700 Civic Center Dr.
Southfield, MI 48072

Credit Business Services, Inc.
Attn: Bankruptcy
PO Box 4127
Fort Walton Beach, FL 32549

Dennis Henderson, Jr.
10645 Peerless
Detroit, MI 48224

Estate of Edith and Ben Torian
2558 Townsend
Detroit, MI 48214

IMC Credit Services, LLC
Attn: Bankruptcy
PO Box 20636
Indianapolis, IN 46220

J.J. Marshall & Associates
Attn: Bankruptcy
28820 Mound Rd
Warren, MI 48092

J.P. Morgan Chase
Attn: Cardmember Services
P.O. Box 94014
Palatine, IL 60094-4014

LVNV Funding/Resurgent Capital
Attn: Bankruptcy
PO Box 10497
Greenville, SC 29603

Macomb County Friend of the Court
10 North Main Street
Mt. Clemens, MI 48043

Matthew Heath
10639 Peerless
Detroit, MI 48224

Merchants & Medical Credit Corp
ATTN: Bankruptcy
6324 Taylor Drive
Flint, MI 48507

Mid-Michigan Collection Bureau
Attn: Bankruptcy
PO Box 130
Saint Johns, MI 49204

Parker Law Firm, PLLC
28 West Huron
Suite 302
Pontiac, MI 48342

Receivables Management Partners, LLC
Attn: Bankruptcy
PO Box 21626
Waco, TX 76702

Rmp Services
240 Emery Street
Bethlehem, PA 18015

Senex Services Corp
Attn: Bankruptcy
333 Founders Rd 2nd Floor
Indianapolis, IN 46268

Shalon L. Terry
25898 Chippendale Ct.
Apt. C
Roseville, MI 48066

State Of Michigan Office Child Support
Office of Child Support
235 S Grand Ave POB 30037
Lansing, MI 48909